## ISSUE FEE TRANSMIT'

Complete and mail this form, together with ap-

**Box ISSUE FEE** Assistant Commissioner for Patients Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

assignment or formal drawing, must have its own certificate of mailing.

**Certificate of Mailing** 

Note: The certificate of mailing below can only be used for domestic

mailings of the Issue Fee Transmittal. This certificate cannot be used

for any other accompanying papers. Each additional paper, such as an

COOLEY GODWARD CASTRO HUDDLESON & TATUM FIVE PALO ALTO SQUARE 3000 EL CAMINO REAL

PALO ALTO CA 94306

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) #EFF(FP13 Publishing Division

JUN 1 5 1998

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Patricia K. Parry	(Depositor's name)
Ostricia K. Carry	(Signature)
June 10, 1998	(Date)
XAMINER AND GROUP ART UNIT	DATE MAILED

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER A	AND GROUP ART UNIT	DATE MAILED
08/484,918	06/07/95	010 ENG	, р	. 2/04	
		CHADLES	Ц		
First Named MUURE, Applicant		CHINCLO	111	•	
UTGU PERENEM	ANCE MICROP	ROCESSOR HAVIN			<del>ock</del>

INVENTION (AS AMENDED)

	,						
٠.	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE		FEE DUE	DATE DUE
-	2 NANO-001/0	)5U 395-845.	.000 E		LITY YES	**************************************	
	Change of correspondence address Use of PTO form(s) and Customer N  Change of correspondence addre PTO/SB/122) attached.  "Fee Address" indication (or "Fee	Number are recommended, but	not required.	(1) the name attorneys or the name of member a name and the name	g on the patent front page, i s of up to 3 registered pate agents OR, alternatively, a single firm (having as egistered attorney or agei sof up to 2 registered pate agents. If no name is listed, i printed.	nt 1 <b>Cooley</b> 2) a nt) 2	Godward LLP
	ASSIGNEE NAME AND RESIDENCE PLEASE NOTE: Unless an assignee Inclusion of assignee data is only a the PTO or is being submitted undefilling an assignment.  (A) NAME OF ASSIGNEE  Pat	e is identified below, no assign ppropiate when an assignment	nee data will appear thas been previou of this form is NO	ar on the patent. sly submitted to T a substitue for	4a. The following fees are of Patents and Traden XIX issue Fee XX Advance Order - #	narks):	k payable to Commissioner
	(B) RESIDENCE: (CITY & STATE C Recorded October 28 Please check the appropriate assign	DR COUNTRY) San 1 8, 1996; Reel 81 nee category indicated below (	Diego, Cal	lifornia	4b. The following fees or DEPOSIT ACCOUNT (ENCLOSE AN EXTR. XXX Issue Fee XXX Advance Order - #	NUMBER	03-3117

application identified above.

THE COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to app	y the issue ree to the a
Willis R. Higgins, Reg. No. (3) 025	(Date) 6-10-98

NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

06/19/1998 CASHBY 00000193 08484918

01 FC:242 02 FD:561

660.00 OP 30.00 OP le fees, to:

Box ISSUE FEE **Assistant Commissioner for Parents** Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Note: The certificate of mailing below can only be used for domestic Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current mailings of the Issue Fee Transmittal. This contificate cannot be used for any other accompanying papers. Each adultional paper, such as an correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) assignment or formal drawing, must have its own cartificate of mailing. specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Certificate of Mailing CURRENT CCRRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) I hereby certify that this Issue Fee Transmittal is being deposited with LM21/0513 the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on COOLEY GODWARD CASTRO the date indicated below. HUDDLESON & TATUM FIVE PALO ALTO SQUARE 3000 EL CAMINO REAL (Depositor's name) PALO ALTO CA 94306 (Signature) (Date) APPLICATION NO. FILING DATE **TOTAL CLAIMS EXAMINER AND GROUP ART UNIT** DATE MAILED 08/484,918 06/07/95 010MOORE, CHARLES H. First Named Applicant HIGH PERFORMANCE MICROPROCESSOR HAVING VARIABLE SPEED SYSTEM TITLE OF INVENTION (AS AMENDED) ATTY'S DOCKET NO. **CLASS-SUBCLASS** BATCH NO. APPLN, TYPE SMALL ENTITY FEE DUE DATE DUE NANO-001/05U 395-845.000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Use of PTO form(s) and Customer Number are recommended, but not required. (1) the names of up to 3 registered patent Cooley Godward LLP attorneys or agents OR, alternatively, (2) ☐ Change of correspondence address (or Change of Correspondence Address form the name of a single firm (having as a PTO/SB/122) attached. member a registered attorney or agent) and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 4a. The following fees are enclosed (make check payable to Commissioner PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. of Patents and Trademarks): Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for XX Issue Fee filing an assignment. 10 XX Advance Order - # of Copies (A) NAME OF ASSIGNEE Patriot Scientific Corporation 4b. The following fees or deficiency in these fees should be charged to: (B) RESIDENCE: (CITY & STATE OR COUNTRY) San Diego, California DEPOSIT ACCOUNT NUMBER 03-3117 Recorded October 28, 1996; Reel 8194/Frame 0013
Please check the appropriate assignee category indicated below (will not be printed on the patent) (ENCLOSE AN EXTRA COPY OF THIS FORM) XX Issue Fee ☐ individual XXI corporation or other private group entity 10 Advance Order - # of Copies The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above. (Authorized Signature) (Date) Willis B. Higgins, Reg. No. **43)025** NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and

of information unless it displays a valid OMB control number.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection

TRANSMIT THIS FORM WITH FEE

Trademark Office.

Patents, Washington D.C. 20231